



The Indiana Family and Social Services Administration

Indiana Division of Aging Provider Training Surveys and Citations

Steve Bordenkecher, Lakeisha McCarter, Ron Smith





Avoiding Citations





Role of the DA QA/QI Unit

- **Assure services to all participants are delivered in accordance with the participant's service plan, the requirements in the approved waiver and 455 IAC 2**
- **Collect and analyze information and data in order to implement remediation of problems at the individual, organization, and systemic levels.**
- **Participate with other stakeholders in the development of policies and procedures that all providers must follow to assure compliance with Indiana Administrative Codes and CMS assurances, and to protect participants' health and welfare.**



Assuring Compliance

The Division of Aging (DA) is responsible for assuring compliance with the standards for the waivers administered by DA as detailed in 455 IAC 2 (aka the “Aging Rule).



QA/QI Unit Activities

- **Incident Reporting**
- **Mortality Review**
- **Complaints**
- **Implementation of the Quality Improvement Strategy (data mining)**
- **Quality Reviews (Surveys)**
 - **Person Centered Compliance Reviews**
 - **Provider Compliance Reviews**



Why We Conduct Reviews

- All of our other monitoring tools give us just a snapshot **AFTER** things have already gone wrong.
- Reviews allow us to see a bigger picture and be proactive – Maybe find things that will prevent future problems.

**WE WANT YOU
TO BE SUCCESSFUL!!!**





Person Centered Compliance Review (PCCR)

**A comprehensive review of service delivery and coordination
focused on 1 individual.**

The PCCR assesses how well services SUPPORT:

- **The participant's preferences and personal goals,**
- **Their right to be free from Abuse, Neglect, and Exploitation,**
- **Their right to make choices about their services and provider,**
- **Their day-to-day needs**
- **Their health and safety**



Person-Center Compliance Review Continued

- The State is required to review “a statistically valid random sample” of individuals, proportioned across the Area Agencies.
- This results in reviews of 83 individuals on the TBI Waiver and 127 on the A&D Waiver each year
- All Person-Centered Reviews are conducted by Advocare, our Quality Assurance Contractor
- 68% of “findings” under the PCCR are attributed to Case Management



Provider Compliance Review

- **Focuses on compliance with the “Aging Rule”, the Waiver Requirements and the Provider Agreement in the areas of:**
 - Employment Policy and practice
 - Incident Reporting Policies
 - Quality Assurance and Quality Improvement System
 - The provider meets qualifications for waiver services being delivered.
 - Policies assuring Privacy of client information and how to transfer that information when necessary.
- **Each non-licensed provider is reviewed at least every 3 years**
- **Beginning 6/1/14, all Provider Compliance Reviews are conducted by Division of Aging staff.**
- **Adult Family Care and Adult Day Service Reviews are conducted “on-site”**



Are You a Direct or Non-Direct Care Provider?

Direct Care

**Adult Family Care
Attendant Care
Homemaker
Adult Day Service
Residential Habilitation
Respite
Behavior Support Services
Structured Day Program
Case Management**

Non-Direct Care

**Personal Emergency Response Systems
Home Delivered Meals
Environmental Modification
Vehicle Modification
Transportation
Specialized Medical Equipment**



Provider Compliance Reviews

Trends

Overall, the number of reviews with negative findings stayed about the same from Round I to Round II.

Direct Care Providers 69% to 68%

Non-Direct Care Providers 38% to 50%

(only 2 reviews for Round II may have affected the numbers)



Provider Compliance Reviews

Most Frequent Findings/Highlights

Direct Care Provider reviews: 79% result in negative findings

ATTC 71/88 (81%); 4.1 avg. findings

AFC 42/46 (91%); 11.2 avg. findings

CM AAA 21/32 (65%); Independent 8/16 (50%)

Non-Direct Care Provider reviews: 38% result in negative findings

EMOD; PRS; DM Equip 70/183 (38%)



Survey Reviews

Most survey findings fall within 3 categories:

- **Hiring And Employment**
- **Incident Reporting**
- **QA/QI System**





Provider Compliance Reviews

Most Frequent Findings for

Hiring and Employment

Lack of...

A DOCUMENTED PROCESS for evaluation of job performance at the end of a training period and, annually, and including a process to give individuals receiving services an avenue to provide feedback on an employee.

You should have a written, well defined employee evaluation process and be able to provide examples to a reviewer.



Provider Compliance Reviews

Most Frequent Findings for

Hiring and Employment

Lack of...

A PROHIBITION against employing or contracting with a person convicted of: Sex Crimes; Exploitation of an endangered adult; Abuse, Neglect of a child; Failure to report battery; Theft, Murder or Involuntary Manslaughter; and Battery.

Your employment policy must exclude ALL of these!!! Conduct and maintain criminal history background checks at time of hire. Must at least maintain report from the Indiana State Police Limited Criminal History Central Repository.



Provider Compliance Review

Most Frequent Findings for

Lack of...

Hiring and Employment

Documentation of Annual TB Testing

C4. Negative TB test or negative chest X-Ray updated yearly (455 IAC 2-6-3)(4); (455 IAC 2-14-1)(b)(1).

Have a regular schedule for early TB tests...use your Computer Calendar.



Provider Compliance Reviews

Most Frequent Findings for

QA/QI System

Lack of...

A written QUALITY ASSURANCE and QUALITY IMPROVEMENT SYSTEM:

- **(1) Focused on the individual.**

Say that! – “Our QA/QI efforts are focused on the individual...”

- **(2) Appropriate for the services being provided.**

Tailor your policy to the services you offer.



Provider Compliance Reviews

Most Frequent Findings for

QA/QI System/continued

Lack of...

A written QUALITY ASSURANCE and QUALITY IMPROVEMENT SYSTEM:

- (3) Ongoing and updated at least annually. Include annual “sign-off” lines at the end of your policies
- (b) The system described in subsection (a) shall include at least the following elements:
 - (1) An annual survey of individual satisfaction, in accordance with contract guidelines.
 - (2) Records of findings for annual individual satisfaction surveys.

**Include a blank sample of your satisfaction survey in your policy manual.
Have completed surveys as evidence of implementation.**



Provider Compliance Review

Most Frequent Findings for

QA/QI System/continued

Lack of...

- (3) Documentation of efforts to improve service delivery in response to the surveys of individual satisfaction.

Upon Review of our annual satisfaction survey, the agency made the following changes....”

- (4) An annual assessment of the appropriateness and effectiveness of each service provided to an individual.

Write an annual summary, using the individual’s input and your service records and staff observations. This can be as simple as an annual casenote, but you need to be able to provide it for a quality review.



Provider Compliance Review

Most Frequent Findings for

QA/QI System/continued

Lack of...

- (5) A written process for the following, if applicable:
 - (A) Analyzing data concerning the following:
 - (i) Reportable incidents.
 - (ii) Services provided.
 - (B) Developing and reviewing recommendations to reduce the risk of future incidents.
 - This can be done in conjunction with #4 , the annual assessment



Provider Compliance Review

Most Frequent Findings for

Incident Reporting

Lack of...

A **DOCUMENTED PROCESS** for filing “reportable unusual occurrences” via DA’s Incident Reporting website within 48 hours.

Align your policy “reportables” with 455 IAC 2-8-2

A **POLICY** for filing ALL allegations, suspicions and occurrences of abuse, neglect and exploitation and deaths to APS or CPS as required, AND to the Division of Aging within 24 hours.

Your policy needs to include the requirement to suspend staff when allegations occur.

<http://www.in.gov/fssa/da/3888.htm>



Provider Compliance Reviews

Most Frequent Findings

Non-Direct Care Providers/Administrative

Failure to Maintain a copy of your current and signed DA Provider Agreement (Schedule A).

This is our most cited requirement and the easiest to avoid. It IS NOT your agreement with the AAA or HP!

Pursuant to federal law the provider will give, written notice to FSSA, the State's Medicaid Waiver Specialist and its fiscal agent (HP) at least sixty (60) days before making a change in any of the following: 1) Name (legal name, DBA name, or name as registered with the Secretary of State); 2) Address (service location, "pay to", "mail to", or home office); 3) Federal Tax ID number(s); 4) Change in the providers direct or indirect ownership interest or controlling interest

Plan ahead. Keep all licensing, certifying and paying entities informed of changes in DBA, contact information and ownership!

**SCHEDULE A
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
MEDICAID HOME AND COMMUNITY-BASED SERVICES
WAIVER PROVIDER AGREEMENT**

Provider agrees to provide only those Medicaid Home and Community-Based Services which meet the following criteria:

1. Services which the Provider is licensed or certified to provide (if applicable);
2. Services for which the Provider has received formal certification from the Medicaid Waiver Unit;
3. Services which have been authorized by the recipient's waiver case manager or targeted case manager (as appropriate) as set out in the recipient's Plan of Care; and
4. If applicable, in accordance with any addendum to this Agreement.

Provider Name (legal name): _____

Doing Business As (d/b/a): If d/b/a name is different from provider name, provide documentation:

Home Office address: _____

City State Zip

Mailing address: _____

City State Zip

Pay To address: _____

City State Zip

Service Location(s) (if different from above): _____

City State Zip

Telephone Number: (____) _____

E-mail address: _____

Social Security# or Federal ID# (not both): _____

Check one of the following: ☐ Individual ☐ Partnership
☐ Corporation ☐ Not-For-Profit

List current Medicaid Provider Number, if any: _____

List current Medicaid Waiver Provider number, if known: _____

List current Medicare Provider Number, if any, and specify type (i.e., home health agency, AAA, etc.):

Typed or Printed Name of Authorized Representative:

Title: _____ Date: _____



Person-Centered Review

Most Frequent Findings/Administrative

Documentation standards are maintained by the provider staff with assurances of services. **Daily notes should be up-to-date, accurately reflect the actual tasks performed, and be signed by the consumer at least weekly. Task should be consistent with the service being offered.**

Documentation in the person's file promotes continuity and consistency of services. **Make sure information about the individual is in one place and easily accessible to caregivers**

The providers data and documentation support the evaluation of the services and objectives in the person's support plan.

There should be documented justification for the tasks performed

Staff immediately recognize and respond to medical emergencies.



How are Citations fixed???

- **The Reviewer will send you a report of all findings.**
- **You will be directed to complete a Corrective Action Plan (CAP)**
- **Your CAP should identify:**
 - **What you will do to correct the deficiency**
 - **What the timeframe is for implementing the correction**
 - **Who (by name or title) will be the person(s) who are responsible for fulfilling the CAP.**



Correcting Citations, continued

- **The Reviewer will either accept or reject your CAP. If rejected, you will be given another opportunity to submit a revised CAP.**
- **If Accepted, the Reviewer will determine a method to verify implementation.**
 - **This will usually be either submission of revised policies and procedure, documentation of completion of training, or a second on-site visit.**



Correcting Citations, cont'd

- **Failure to correct a deficiency will result in a referral to the QA Director and will be elevated to a complaint.**
- **Depending on the nature of the citation, the agency may be:**
 - **Given another opportunity to correct**
 - **May be sanctioned in some way (required training, removed from “pick-list”, etc.**
 - **Terminated as a wavier provider or service (with rights to appeal)**



Resources on the Web

Quality Review Tools: www.in.gov/fssa/da/3942.htm

Incident Reporting Resources: www.in.gov/fssa/da/3888.htm

The “Aging Rule”: www.in.gov/legislative/iac/T04550/A00020.PDF?

Resources for Best Practice:

http://www.gcdd.org/images/Reports/bridgingreport_3_15_2012.pdf

<http://ici.umn.edu/products../prb/191/default.html>



Avoiding Citations is Easy!





Questions?

- Questions???

